

## January 2012 DDE Medicare Crossover Claims for 5010

With the 5010 software implementation, changes were made to the direct data entry (DDE) screens for Professional claims. Providers are now **required** to enter Medicare information at both the claim level in addition to the line level. When entering Medicare information at the claim level, please ensure the amounts entered are the sum of the amounts entered at the line level.

**Example:** Medicare paid, deductible, co-insurance, and allowed amount on the line(s) must sum to the Medicare paid, deductible, co-insurance, and allowed amount at the claim level.

**Note:** Institutional DDE Crossover Claim – 5010 did add the Medicare information option at line level on the DDE screen however line level information is not **REQUIRED** on an institutional crossover claim.

The professional DDE screen now has two areas that require the Medicare information to be entered:

**Step 1** is to enter the Medicare payment data at claim level when you answer the Medicare question “Yes”:

Is this claim for a Baby on Mom's Client ID? ☐ Yes ☐ No

Is this a Medicare Crossover Claim? ☒ Yes ☐ No

**Medicare Cross Over Items**

\* Amount Paid by Medicare: \$ 100.00      \* Medicare Deductible: \$ 0.00

\* Medicare Co-insurance: \$ 20.00      \* Medicare Allowed Amount: \$ 120.00

\* Medicare Adjudication Date: mm dd ccyy  
12 01 2011

Fill in the Medicare payment data off the Medicare EOB

Fill in the other claim information down to the line item information:

Close Save Claim Submit Claim Reset

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd ccyy

\* Service Date To: mm dd ccyy

Place of Service: [dropdown]

\* Procedure Code: [text box]

\* Submitted Charges: \$ [text box]

\* Units: [text box]

\* Modifiers: 1: [text box] 2: [text box]

\* Diagnosis Pointers: \*1: [dropdown] 2: [text box]

☐ **Medicare Crossover Items**

\* Medicare Deductible: \$ [text box]      \* Medicare Coinsurance: \$ [text box]

\* Medicare Paid: \$ [text box]      \* Medicare Allowed Amount: \$ [text box]

\* Medicare Paid Date: mm dd ccyy

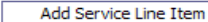
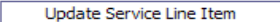
Expand the Medicare Crossover Items + expander

Fill in the Medicare line payment data off the Medicare EOB

**Step 2** enter all the line information plus, expand the “**Medicare Crossover Items**” and enter the Medicare line information. (If a one line claim, the Medicare payment data here should be the same as entered at claim level Step 1)

Enter all data first THEN click on the Add Service Line Item  button.

**Note:** Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			

**Note: For Multi Line Claims** - Medicare paid, deductible, co-insurance, and allowed amount on the lines must sum to the Medicare paid, deductible, co-insurance, and allowed amount at the claim level. (The **Step 2** data sum must equal the data entered at **Step 1**)

**BASIC SERVICE LINE ITEMS**

\* Service Date From: mm dd cyy \* Service Date To: mm dd cyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

☐ Medicare Crossover Items

\* Medicare Deductible: \$

\* Medicare Paid: \$

\* Medicare Paid Date: mm dd cyy

\* Medicare Coinsurance: \$

\* Medicare Allowed Amount: \$


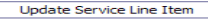
National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

**Note:** Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 175.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	11/15/2011	11/15/2011	99212					1				150.00	1	Delete or Other Service Info
2	11/15/2011	11/15/2011	85651					1				25.00	1	Delete or Other Service Info

At this point all claim data and Medicare payment data has been entered, click on the “**Submit Claim**” button at the top of the screen.

The Medicare EOB is not necessary to be sent with this claim.

The final step is to click the **OK** button to send the claim to Medical Assistance.

Claims Submission Final Dialog - Windows Internet Explorer

Submitted Professional Claim Details:


TCN: 200925500000001000

Provider NPI: 6522336671

Client ID: 198333777WA




Date of Service: 9/9/2009 0:0:0-9/9/2009 0:0:0

Total Claim Charge: 1159

Please click "Add Attachment" button, to attach the documents. 

Attachment List:

Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
No Records Found !							

**WARNING: You must click the OK button to complete the claims submission.**

For other educational material related to Washington Medicaid see the provider training web page at <http://hrsa.dshs.wa.gov/provider/training.shtml> . The Provider Relations team has produced several training webinars and presentation slide shows covering billing that can be accessed from this web page.

Questions can be directed to Customer Service Center at email <https://fortress.wa.gov/dshs/p1contactus/>